



**MERCER ISLAND MUNICIPAL COURT**

9611 SE 36<sup>th</sup> Street  
Mercer Island WA 98040  
Ph. 206-275-7604  
Fax 206-275-7980

**Request for Court Records**

Defendant's Name \_\_\_\_\_

Citation Number(s) \_\_\_\_\_

Items requested (mark all that apply):

☐ Copy of Docket  
    \_\_\_ Non-Certified (\$1.00 for each 5 pages)  
    \_\_\_ Certified (\$5.00)

☐ Copy of Judgment & Sentence  
    \_\_\_ Non-Certified (\$1.00 for each 5 pages)  
    \_\_\_ Certified (\$5.00)

☐ Copy of Citation  
    \_\_\_ Non-Certified (\$1.00 for each 5 pages)  
    \_\_\_ Certified (\$5.00)

☐ Audio CD (\$10.00)  
    Date(s) of Hearing(s): \_\_\_\_\_

☐ Other: \_\_\_\_\_  
    \_\_\_ Non-Certified (\$1.00 for each 5 pages)  
    \_\_\_ Certified (\$5.00)

If your request is for a list of individuals, will the list be used for commercial purposes? ☐ Yes ☐ No

Your name/agency: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only:

Date Received at Court: \_\_\_\_\_ Fulfilled by: \_\_\_\_\_

Date Released: \_\_\_\_\_ Total Fees: \_\_\_\_\_

Items Provided: \_\_\_\_\_